BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	IMAGE FORMING APPARATUS								
Fill in Appropriate	the specification of whe	ich is attached he	reto. If not attached heret	o, the application is ic	dentified by the attorney	y docket nu	mber as set		
Information -	The specification			as					
For Use Without	United States App	(if a	(if applicable) and/or						
Specification	and amended onthe specification was filed on								
Attached:	International App	olication Number							
	amended on			(II applicable)					
Insert Priority Information: (if appropriate)	I acknowledge the duty to disclose information which Regulations, §1.56. I do not know and do not believe the same was ever know thereof, or patented or described in any printed publication is year prior to this application, that the same was not in public prior to this application, that the invention has not been pater date of this application in any country foreign to the Unit representative or assigns more than twelve months (six months).			3/27/2003 S S No S		e of Federal ar invention are than one an one year d before the or my legal plication for prior to this s) for patent icate having No			
	(Number)	(Country)		 (Month/Day/Year Filed) 	r Filed)	Yes	No		
	(Number) (Countr			(Month/Day/Yea	ar Filed)	Yes	No		
	(,				П			
	(Number)	(Country)		(Month/Day/Yea	ar Filed)	Yes	No		
Lucast Province	(Number) (Country) (Month/ Day/ Teal Filed) Test The Hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below								
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)					
	(Application Number	r)		(Filing Date)					
	(Application Plants of the Control o								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number	Dat	te of Filing (Month/Day	/Year)			
Insert Requested Information: (if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Number) (F		(Filing Date)	(St	atus - patented, pending	ited, pending, abandoned)			
Page 1 of 2 (Rev. 07/2003)	(Application Number	er)	(Filing Date)	(St	atus - patented, pending	g, abandon	ed)		

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: **YOU MUST COMPLETE** THE **FOLLOWING:**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

•	,,,								
Full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	Takashi YAMANAKA	Jakashi Yamanaka		03/08/2004					
Insert Residence Insert Citizenship	Residence (City, State & Country)	U	CITIZENSHIP						
	Yamatokoriyama - shi, Nara JAPAN		JAPAN						
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	188-1-312, Kujo-cho, Yamatokoriyama-shi, Nara 639-1001 JAPAN								
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above		·							
	Residence (City, State & Country)		CITIZENSHIF	,					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
			7						
Full Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above			CITIZENSHII	<u> </u>					
	Residence (City, State & Country)								
	MAILING ADDDECC (Complete Street Address	including City, State & Country)							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
D. II No (F/Q)		INVENTOR'S SIGNATURE		DATE*					
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATORE							
	Residence (City, State & Country)		CITIZENSHI	P					
	Tiestactice (City) out to the Country								
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Sixth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above	OLA PLA LANDINAL LANDINE LANDINE								
	Residence (City, State & Country)	CITIZENSHI	P						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								

Page 2 of 2 (Rev. 07/2003)

*DATE OF SIGNATURE